Mail original completed form to:

Department of Environmental Protection 2600 Blair Stone Road, Mail Station 4560 Tallahassee, Florida 32399-2400 For assistance call: 850-245-8707

RECEIVED ENVIRONMENTAL PROTECTION

DEC 29 2016

STATE OF FLORIDA CERTIFICATE OF LIABILITY INSURANCE ASSISTATE HAZARDOUS WASTE TRANSPORTER AND USED OIL HANDLER

PERMITTING & COMPLIANCE | ASSISTANCE PROGRAM

	(Name of Insurer)	
(the "Insurer"), of 505 Eagle	eview Błvd, Exton, PA 19342	
,, <u></u>	(Address of Insurer)	
	s issued liability insurance cove n for sudden accidental occurre	ering bodily injury and property damage including nces to
Ecoflo Holding, Inc.		
	(Name of Insured)	
(the "Insured"), of 2750 Par	tterson Street, Greensboro, NC 27407	
	(Physical Address of Insured)
	sured's obligation to demonstra e 62-710.600(2) and 62-730.17	te financial responsibility under Florida 70. The coverage applies at:
EPA/DEP I.D. No.	Name	Physical Address
	· 	Patterson St., Greensboro, NC 274
	···	
(If coverage is for multipl	le facilities, identify each facili	ty insured.)
This insurance is primary \$ 1,000,000	and the company shall not be for each accident, exclusive of	liable for amounts in excess of legal defense costs. The coverage is provided
This insurance is primary	and the company shall not be for each accident, exclusive of	liable for amounts in excess of legal defense costs. The coverage is provided
This insurance is <u>primary</u> \$ 1,000,000 under policy number AECO	and the company shall not be for each accident, exclusive of 000514517 , issued on 12/3	liable for amounts in excess of legal defense costs. The coverage is provided
This insurance is primary \$ 1,000,000	and the company shall not be for each accident, exclusive of 000514517, issued on 12/5	liable for amounts in excess of legal defense costs. The coverage is provided (date)
This insurance is <u>primary</u> \$ 1,000,000 under policy number AECO	and the company shall not be for each accident, exclusive of 000514517 , issued on 12/3	liable for amounts in excess of legal defense costs. The coverage is provided (date)
This insurance is primary \$1,000,000 under policy number AECO The effective date of said is 12/31/2017 (date) This insurance is excess a \$4,000,000	and the company shall not be for each accident, exclusive of 000514517 , issued on 12/3 policy is 12/31/2016 (date) and the company shall not be liffer each accident in excess of	liable for amounts in excess of legal defense costs. The coverage is provided alizable (date) and the expiration date of said policy able for amounts in excess of of the underlying limit of
This insurance is primary \$ 1,000,000 under policy number AECO The effective date of said is 12/31/2017 (date) This insurance is excess a \$ 4,000,000 \$ 1,000,000	and the company shall not be for each accident, exclusive of 000514517 , issued on 12/3 policy is 12/31/2016 (date) and the company shall not be li for each accident in excess of for each accident, exclusive	liable for amounts in excess of legal defense costs. The coverage is provided alizable (date) and the expiration date of said policy able for amounts in excess of of the underlying limit of of legal defense costs. The coverage is provided
This insurance is primary \$ 1,000,000 under policy number AECO The effective date of said is 12/31/2017 (date) This insurance is excess a \$ 4,000,000	and the company shall not be for each accident, exclusive of 000514517 , issued on 12/3 policy is 12/31/2016 (date) and the company shall not be li for each accident in excess of for each accident, exclusive	liable for amounts in excess of legal defense costs. The coverage is provided B1/2016 (date) and the expiration date of said policy able for amounts in excess of of the underlying limit of of legal defense costs. The coverage is provided 12/23/1/2016 The effective date of
This insurance is primary \$ 1,000,000 under policy number AECO The effective date of said is 12/31/2017 (date) This insurance is excess a \$ 4,000,000 \$ 1,000,000	and the company shall not be for each accident, exclusive of 000514517 , issued on 12/3 policy is 12/31/2016 (date) and the company shall not be li for each accident in excess of for each accident, exclusive 000514917 , issued on	liable for amounts in excess of legal defense costs. The coverage is provided alizable (date) and the expiration date of said policy able for amounts in excess of of the underlying limit of of legal defense costs. The coverage is provided

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- 2. The Insurer further certifies the following with respect to the insurance described in Paragraph 1:
 - (a) Bankruptcy or insolvency of the insured shall not relieve the Insurer of its obligations under the policy.
 - (b) The Insurer is liable for the payment of amounts within any deductible applicable to the policy, with a right of reimbursement by the insured for any such payment made by the Insurer.
 - (c) Whenever requested by the Secretary (or designee) of the Florida Department of Environmental Protection (FDEP), the Insurer agrees to furnish to the Department a signed duplicate original of the policy and all endorsements.
 - (d) Cancellation of the insurance, whether by the Insurer or the Insured and any other termination of the insurance (e.g., expiration, non-renewal), will be effective only upon written notice and only after the expiration of thirty (30) days after a copy of such written notice is received by the Secretary of the FDEP as evidenced by certified mail return receipt.
 - (e) The Insurer shall not be liable for the payment of any judgment or judgments against the Insured for claims resulting from accidents which occur after the termination of the insurance described herein, but such termination shall not affect the liability of the Insurer for the payment of any such judgment or judgments resulting from accidents which occur during the time the policy is in effect.

I hereby certify that the Insurer is licensed to transact the business of insurance, or eligible to provide insurance as an excess or surplus lines insurer, in one of more States including Florida.

(Signature of Authorized Representative of Insured Authorized Representative of Insured Authorized Representative of Insured Representative (Insured Representative Representative Insured Representative Representative Insured Representati

(Typed name)

Underwriting Manager, Environmental Property & Casualty

(Title)

Authorized Representative of

XL Specialty Insurance Company

(Name of Insurer)

505 Eagleview Boulevard, Suite 100, Exton PA 19341-1120

(Address of Representative)